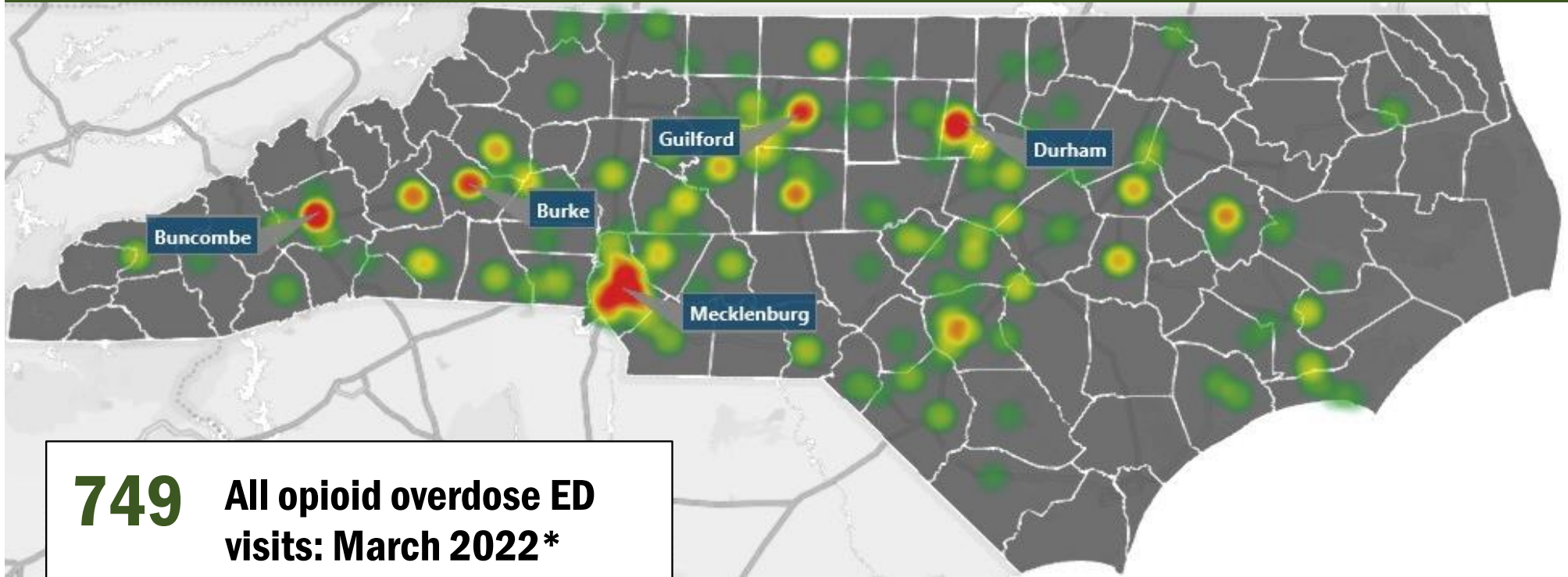


# ALL OPIOID OVERDOSE ED VISITS: NORTH CAROLINA, MARCH 2022\*



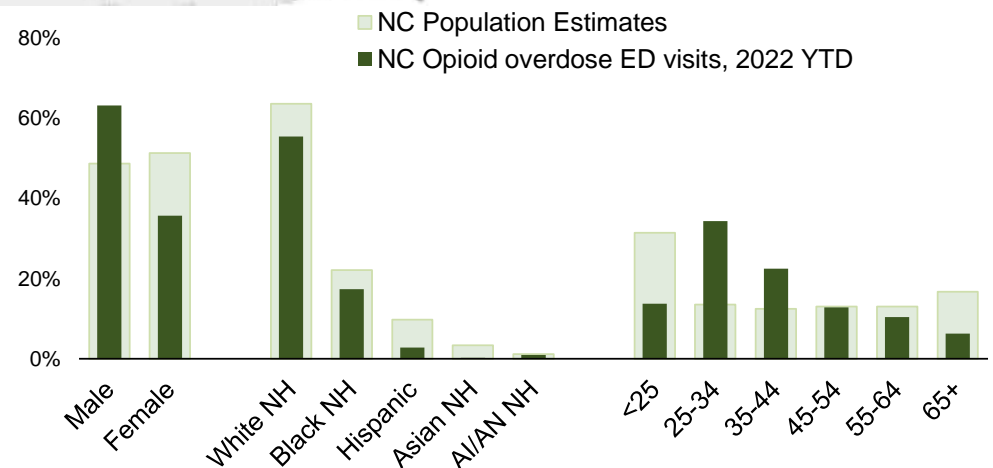
**749** All opioid overdose ED visits: March 2022\*

Compared to **745** March 2021

Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM)

The highest rates of visits per 100,000 residents occurred in:

**McDowell (316.4), Rutherford (233.4), Burke (212.4), Randolph (209.3), and Carteret (189.9) counties.**

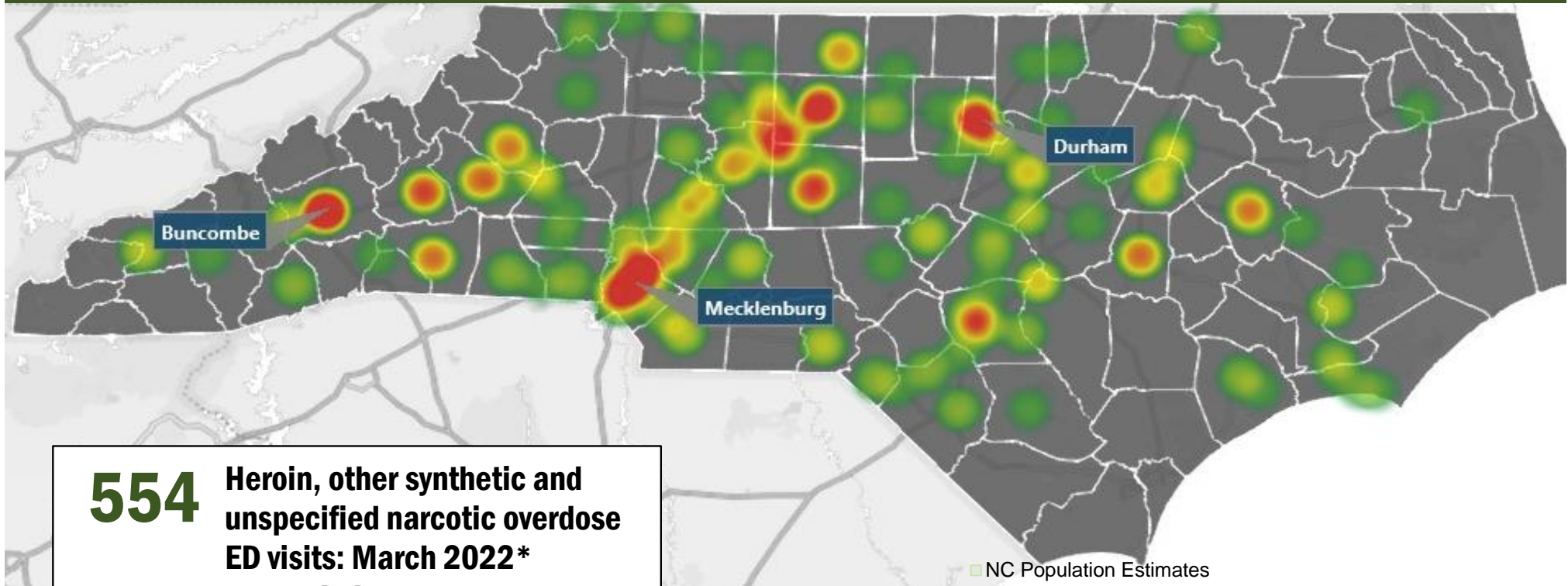


**Note:** NH(Non Hispanic). Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. \*Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes.



North Carolina  
Injury & Violence  
PREVENTION Branch

# HEROIN AND OTHER SYNTHETIC/ UNSPECIFIED NARCOTIC OVERDOSE ED VISITS, MARCH 2022\*



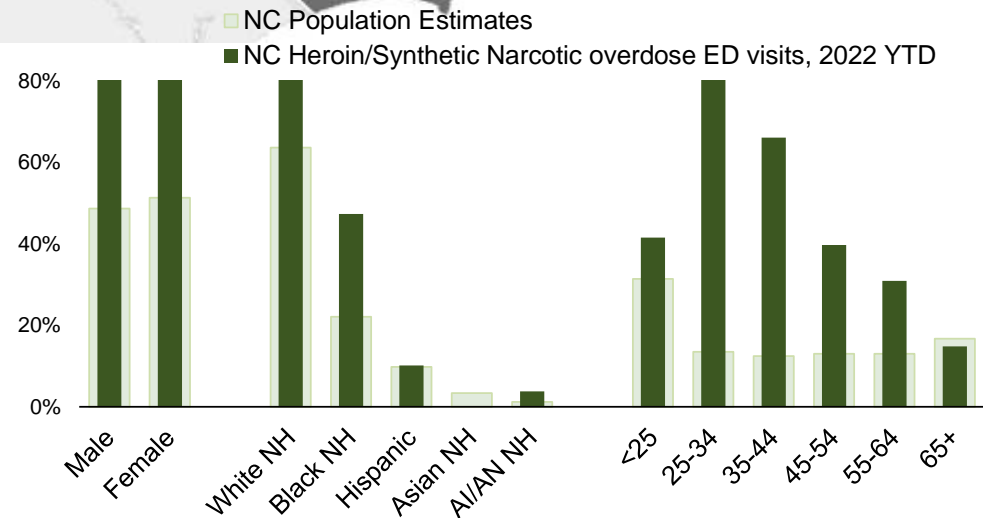
**554** Heroin, other synthetic and unspecified narcotic overdose ED visits: March 2022\*

Compared to **582** March 2021

Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM) searching diagnosis codes for T40.1, T40.4, & T40.6.

The highest rates of visits per 100,000 residents occurred in:

**McDowell (263.7), Rutherford (197.5), Randolph (184.2), Carteret (172.6), and Burke (132.8) counties.**



**Note:** NH(Non Hispanic). Counts based on diagnosis (ICD-9/10-CM code) of a heroin or other synthetic narcotic overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. \*Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes.